

**STATE OF MAINE  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**PROVIDER SUMMARY PAGE**

**Community Agency/Program Name:** \_\_\_\_\_

TTY: \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Agreement Contact Person:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Fiscal Contact Person:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Clinical Director:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**IT Services Contact:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other Contact Information:

List all locations where client services are provided and include the contact person, telephone number, and hours of service.

Service	Service Site	Contact Person	Telephone #	Hours of Service	License Type and Capacity